

Attorney Docket No.: PURE-P007US

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

<u>Patent</u>

In re Application of:

Inventor(s): Damon G. Engel et al

For: MULTILAYER VIDEO SCREEN

Patent No.:

Issued Date:

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

# POWER OF ATTORNEY BY ASSIGNEE OF ENTIRE INTEREST (REVOCATION OF PRIOR POWERS)

As assignee of record of the entire interest of the above identified [X] application, patent,

#### **REVOCATION OF PRIOR POWERS OF ATTORNEY**

[X] I hereby revoke all previous powers of attorney given in the above-identified application/patent.

### **NEW POWER OF ATTORNEY**

[X] I hereby appoint the practitioners associated with the customer Number:_	41066
[X] Please change the correspondence address for the above-identified applica	tion to:

The address associated with Customer Number: : 41066

I am the:

[X] Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is below.

#### CERTIFICATE UNDER 37 CFR 3.73(b)

PUREDEPTH LIMITED, a New Zealand corporation, certifies that it is the assignee of the entire right, title and interest in the patent identified above by virtue of:

[X] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in The United States Patent and Trademark Office at Reel <u>018107</u> Frame 0856

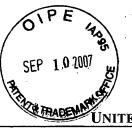
[X] Copies of assignments or other documents in the chain of title are attached.

The undersigned has reviewed all the documents in the chain of title of the patent application/patent identified above and, to the best of undersigned's knowledge and belief, title is in the assignee identified above.

The undersigned (whose title is supplied below) avers that the undersigned is empowered to sign this certificate on behalf of the assignee.

I hereby declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true; and further, that these statements are made with the knowledge that willful false statements, and the like so made, are punishable by fine or imprisonment, or both, under Section 1001, Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

aug 30,07	Eclos	
Date (	Signature	
	Evelyn Body	
	Typed or Printed Name	
	Patent Attorney	
	Title	





**UNITED STATES PATENT AND TRADEMARK OFFICE** 

UNDER SECRETARY OF COMMERCE FOR INTELLECTUAL PROPERTY AND DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE

AUGUST 15, 2006

PTAS

PAUL A. SCHWARZ, ESQ. - DUANE MORRIS LLP P.O. BOX 5203 240 PRINCETON AVENUE HAMILTON, NJ 08619



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BRIEF: ASSIGNMENT OF ASSIGNOR'S INTEREST (SEE DOCUMENT FOR DETAILS).

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DOC DATE: 08/31/2005

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FORM PTO-1595 (Modified U.S. DEPARTMENT OF COMMERCE RM COVER SHEET (Rev. 03-01) OMB No. 0651-0027 (exp.5/31/2002) Patent and Trademark Office S ONLY 10/52141 POB/REVO3 Tab settings 🔷 🔷 : Please record the attached original documents or copy thereof. To the Director of the 103286569 2. Name and address of receiving party(ies): 1. Name of conveying party(ies) Gabriel Darmon Engel, and Gareth Paul Bell Name: Pure Depth Limited Internal Address: Additional names(s) of conveying party(ies) 3. Nature of conveyance: SEP 1 0 2007 Sifeet Address: Unit G, 24 Morrin Road, Panamure ☐ Merger Change of Name ☐ \*Security Agreement City: Auckland, New Zealand State: \_\_\_\_ ZIP: \_\_ ☐ Other Execution Date: August 31, 2005 Additional name(s) & address(es) attached? 
Yes 
No 4. Application number(s) or patent numbers(s): If this document is being filed together with a new application, the execution date of the application is: A. Patent Application No.(s) B. Patent No.(s) 10/521,413 Additional numbers attached? ☐ Yes ⊠ No 5. Name and address of party to whom correspondence 6. Total number of applications and patents involved: concerning document should be mailed: Name: Paul A. Schwarz, Esq. - Duane Morris LLP 7. Total fee (37 CFR 3.41):....\$ 40.00 Internal Address: P.O. Box 5203, Princeton, New Jersey Enclosed - Any excess or insufficiency should be credited or debited to deposit account 08543-5203 Authorized to be charged to deposit account Street Address: 240 Princeton Avenue 8. Deposit account number: 50-2061 City: Hamilton State: NJ ZIP: 08619 (Attach duplicate copy of this page if paying by deposit account) DO NOT USE THIS SPACE

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of the original document.

Paul A. Schwarz, Esq.

Name of Person Signing